

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069923**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED ..		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		4				
10		0				
11		0				
12		0				
13		0				
14		0				
15	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3331